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## APPLICANTS

Akram Ali, Livonia, MI;

Jason Foster, Waterford, MI;

Michael Gorecki, Anburn Hills, MI; Gary Pitt, Farmington Hills, MI;

Michael Beavon, Rochester Hills, MI;

Mark Kirschmann, Clarkston, MI;

Christopher M. Slon, Beverly Hills, MI;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MI	SHEETS DRAWING 4	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
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## ADDRESS

Donald J. Wallace

DaimlerChrysler Intellectual Capital Corporation

CIMS 483-02-19

800 Chrysler Drive

Auburn Hills, MI

48326-2757

## TITLE

Impact load transfer element

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